ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Winona Memorial Hospital

City: Indianapolis   County: Marion   Year: **2003**

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	**Number of Set Up Beds**	**Number of Discharges**	**Number of Patient Days**	**Average Charge Per Discharge**
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	24	175	1,574	$13,253
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	200	1,291	7,929	$3,657
Neonatal Intermed	0	0	0	$0
Obstetrics	0	0	0	$0
Pediatric	0	0	0	$0

Psychiatric	25	295	2,389	$5,631
Rehabilitation	26	186	2,208	$7,006
Substance Abuse	14	25	98	$3,000
Swing Beds	NA	0	0	$0
Other Services	28	0	0	NA
Acute Subtotal	317	1,972	14,198	NA
Normal Newborn	0	0	0	$0

II. Outpatient Visits			
Circulatory System	0	Digestive System	0
Endocrine System	0	Injuries and Poison	0
Mental Disorder	0	Musculoskeletal	0
Neoplasms	0	Nervous	0
Respiratory	0	Urinary	0
Other/Unknown	28,380	Total Visits	23,380
Number of Visits to Emergency Department			6,865
Percent of Emergency Department Visits of Total Visits			24.2%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
N - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	N - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	N - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

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